

EMERGENCY PROTOCOL FOR DIABETICS

-	Student's Name	/ School	/ Grade
In the to:	event my child is unrespon	sive*, I (the parent) give my o	onsent for the school personnel
	1) First, call an a	mbulance (8-911 from a schoo	ol phone)
	2) Administer Glucagon, if available and a trained staff member is present		
	3) If student has	pump, detach pump from bod	ly
	4) Notify parent	or emergency contact	
Parent	's Name and Phone Numbe	r	
Emerg	ency Contact and Phone Nu	ımber	
	sponsive meaning the inabil ling to swallow oral sugar p	ity to talk, walk or respond to oroducts.	questioning and is unable or
		Parent's Signature	/ Date
		Principal's Signature	/ Date

By signing this form, authorization is hereby granted to release this information to appropriate school or bus personnel and classroom teachers as needed.

MHD 3-14